

## Survey tool for government respondents on effective development cooperation in health at country level

### INTRODUCTION

This is the fifth round of IHP+ monitoring of effectiveness of health sector development cooperation. Governments, Development Partners (DPs), Civil Society Organisations and other health stakeholders, including the private sector, are invited to participate in this process on a voluntary basis. The IHP+ Results Consortium (known as IHP+R) is managing the monitoring process.

Ministry of Health will lead the process of data collection. The purpose of this tool is to collect quantitative and qualitative information about the implementation or compliance of governments with effective cooperation behaviours. A similar exercise will be conducted with the DPs, and to some extent with civil society organisations and private sector stakeholders. The information collected will be analysed by IHP+R and translated into visual aids and a country report to support a discussion of findings at country level among all stakeholders.

The tool will be administered by a national expert, selected in consultation with the Ministry of Health and contracted by IHP+R during a face-to-face interview with relevant government entities. In preparation of this interview, the government respondents will be asked to collect the necessary financial data by filling in the excel file [\[LINK\]](#).

Eight practices make up the 2016 IHP+ monitoring framework and are covered in this qualitative assessment. For each practice, listed below, there are three broad questions:

- What is the current state of national systems and structures?
- To what extent do development partners use national systems and structures?
- What are the constraints and opportunities to strengthen national systems and structures and development partner use of or alignment with these?

These broad questions have been applied to each of the following EDC practices in the present survey to support both the interviewer and interviewee in responding in a consistent and focused way.

### The eight EDC practices are:

- **EDC practice 1. A strong single national health strategy is supported by both government and development partners; they agree on priorities reflected in the national health strategy, and underpinning sub-sector strategies, through a process of inclusive development and joint assessment, and a reduction in separate exercises.**
- **EDC Practice 2. Resource inputs are recorded on the national health budget and in line with national priorities, with predictability of government and development partner funding.**
- **EDC Practice 3. Financial management systems are harmonized and aligned; requisite capacity building done or underway, and country systems strengthened and used.**
- **EDC Practice 4. Procurement/supply systems are harmonized and aligned, parallel systems phased out, country systems strengthened and used with a focus on best value for money. The definition of national ownership can include use of global procurement systems.**
- **EDC Practice 5. Joint monitoring of process and results is based on one information and accountability platform; joint processes for mutual accountability on EDC are in place, such as Joint Annual Reviews or compact reviews.**
- **EDC Practice 6. Technical support is strategically planned and provided in a well-coordinated manner; opportunities for systematic learning between countries are developed and supported by agencies (south-south and triangular cooperation).**
- **EDC Practice 7. Civil society operates within an environment which maximizes its engagement in and contribution to health sector development**
- **EDC Practice 8. Private sector operates within an environment which maximizes its engagement in and contribution to health sector development\***
- (\*) The 8th practice on private sector engagement has been added by IHP+R in consultation with IHP+

A separate qualitative process is being used to gather views on the extent to which civil society and private sector stakeholders operate within an environment which maximizes its engagement in and contribution to health sector development. If the questions are not clear, please consult the annexes of the IHP+ 2016 Guidance note.

## GOVERNMENT SURVEY

This survey tool is developed specifically for countries which receive a significant amount of humanitarian assistance.

Country: \_\_\_\_\_

Date: \_\_\_\_\_

Interviewer

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Skype: \_\_\_\_\_

Interviewee **If more people are present during the interview, please provide all names, job titles and email addresses separated by commas in the relevant fields**

Institution: \_\_\_\_\_

Name of person(s) interviewed: \_\_\_\_\_

Job title(s): \_\_\_\_\_

Email address of person(s) interviewed: \_\_\_\_\_

Fiscal Year

Other (please specify): \_\_\_\_\_

Quantitative tool **Please ensure a copy of the completed excel tool is shared with the interviewer. If the tool was not yet completed, ensure it is shared shortly after the interview.**

Were you able to complete the quantitative Excel tool? Please provide the copy.

## EDC PRACTICE 1: PARTNERS SUPPORT A SINGLE NATIONAL HEALTH STRATEGY

**A single national health strategy is supported by both government and development partners; they agree on priorities reflected in the national health strategy, and underpinning sub-sector strategies, through a process of inclusive development and joint assessment, and a reduction in separate exercises.**

G1 | The extent to which National Health Sector Plans/ Strategy are in place with current targets & budgets that have been jointly assessed. (Please see p14-15 in the Guidance Note.)

1. The current strategic plan for the health sector covers which period? Please obtain an electronic copy.

2 Who participated in the development of the current strategic health sector plan?

Other Ministries; If yes, which ones? (Comments)

CSO; If yes, which ones? (Comments)

DPs; if yes, which ones? (Comments)

Private Sector; if yes, which ones? (Comments)

Others; if yes, which ones? (Comments)

3. Has the national health sector plan been jointly assessed through a JANS or a similar process (please specify)?

4. If yes, who participated?

Other Ministries; If yes, which ones? (Comments)

CSO; If yes, which ones? (Comments)

DPs; if yes, which ones? (Comments)

Private Sector; if yes, which ones? (Comments)

Others; if yes, which ones? (Comments)

G1 | The extent to which National Health Sector Plans/ Strategy are in place with current targets & budgets that have been jointly assessed.

5. If not, please clarify why not.

6. Are stakeholders using the JANS to review and align their support? If not, please clarify why not.

7. Is there a need to conduct separate joint assessments for sub-programme areas? If so, please clarify why.

8. What opportunities exist to strengthen alignment with the national health plan or strategy in your country?

## EDC PRACTICE 2: HEALTH DEVELOPMENT CO-OPERATION IS MORE PREDICTABLE AND HEALTH AID IS ON BUDGET

**Resource inputs are recorded on the national health budget and in line with national priorities, with predictability of government and development partner funding.**

G2A | Indicator: Proportion of health sector funding disbursed against the approved annual budget. (Answers to questions 1 to 2 should be provided in the excel tool and will be copied here by the interviewer. Please see p15-16 in the Guidance Note.)

1. What was the total value (USD) of the approved annual budget for the health sector (including budget support)?

\_\_\_\_\_ USD

2. What was the total value (USD) of the funding disbursed against the approved annual budget for the health sector?

\_\_\_\_\_ USD

3. Have there been instances of over- or under-disbursement of the health sector annual budget in the fiscal year for which you are reporting (expenditure vs allocated funds)?

4. If yes, please explain what the difference was, why it occurred and what could be done to avoid these in future?

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G2B | Indicator: Projected government expenditure on health provided for 3 years. (Please see p16-18 in the Guidance Note.)

5. Is either a rolling 3 year budget or an MTEF in place? If yes, provide a copy.

6. If not, why not?

7. Please provide a list of Development Partners that provide support to the health sector and indicate by using the dropdown list for which years (FY ending 2016/2017/2018) they provided comprehensive forward looking expenditure and/or implementation plan setting out expected development cooperation flows?

(Answers to this question should have been provided in the excel tool. Please ensure this is properly filled out.)

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G2C | Indicator: Health sector resources reflected in the national budget include contributions of individual development partners. (Please see p19-20 in the Guidance Note.)

8. Does the national health sector budget reflect contributions from individual development partners? If not, please clarify why not?

9. Are there any areas of the country's health sector strategy that are substantially underfunded? If yes, please indicate which ones and why.

10. Are there any areas of the country's health sector that are substantially overfunded? If yes, please indicate which ones and why.

11. What are the constraints and opportunities to have a balanced budget with sufficient funding of key priorities?

## ADDITIONAL MODULE ON PREDICTABILITY OF HUMANITARIAN ASSISTANCE

**Humanitarian/emergency aid is more predictable: the humanitarian system, including government and relief agencies, is able to plan ahead and can determine quickly how resources can be allocated to best meet emerging humanitarian priorities.**

G2H | Indicator: The extent to which the government is prepared to respond to health emergencies and humanitarian crisis. (Please see p20-21 in the Guidance Note.)

1. Does the government have an updated plan in place to deal with health emergencies (e.g. to deal with disease outbreaks, earthquakes, flooding, etc.)?

2. Is there a humanitarian aid action plan (also called emergency response plan) for the health sector?

3. Does the MoH know the budget and expenditures for the humanitarian aid action plan for the health sector (for the same fiscal year as Q2Ga)? Please clarify.

## EDC PRACTICE 3: PFM SYSTEMS ARE STRENGTHENED AND USED

**Financial management systems are harmonized and aligned; requisite capacity building done or underway, and country systems strengthened and used.**

G3 | Indicator: Country public financial management systems either (a) adhere to broadly accepted good practices or (b) have a reform programme in place to achieve these. (CPIA value to be prefilled by IHP+ Results. Source: World Bank CPIA data (<http://data.worldbank.org/indicator/IQ.CPA.FINQ.XQ>) Please see p21-24 in the Guidance Note.)

1. The World Bank CPIA database scores the public financial management systems:

2. Does the country have a reform programme in place to strengthen the PFM system? If yes, to what extent is this being implemented and what are the obstacles to implementation?

G3 | Indicator: Country public financial management systems either (a) adhere to broadly accepted good practices or (b) have a reform programme in place to achieve these.

3. If no reform programme exists, why not?

4. Are DPs using the public financial management system for national budget execution, financial reporting and auditing procedures?

Budget execution procedures

Financial reporting procedures

Auditing procedures

Additional Comments

5. What are the constraints and opportunities to encourage DPs to use the national PFM system more?

6. If DPs are not using the national PFM system, what are the constraints for harmonizing financial management procedures among DPs? (e.g. Joint Financial Management Arrangements for implementing aid)

## EDC PRACTICE 4: DEVELOPING COUNTRIES' PROCUREMENT SYSTEMS ARE STRENGTHENED AND USED

**Procurement/supply systems are harmonized and aligned, parallel systems phased out, country systems strengthened and used with a focus on best value for money. The definition of national ownership can include use of global procurement systems.**

G4 | Indicator: Extent to which a government-led plan for procurement and supply systems exists, which is supported by development partners. (Please see p24-25 in the Guidance Note.)

1. Does a government plan for national procurement and supply exist? If yes, provide a copy of the plan).

2. Does the national procurement and supply plan allow for global or regional procurement mechanisms?

G4 | Extent to which a government-led plan for procurement and supply systems exists, which is supported by development partners.

3. If procurement is done through an international channel or supply is done through a parallel system, is this the preferred option of the government?

4. Are DPs are using the national procurement and supply system? If not, why not?

5. What opportunities exist to increase the volume of DP funds using the national procurement and supply systems?

6. Is there a need to strengthen national procurement systems? If yes, are DPs providing sufficient support on system strengthening and capacity building?

## EDC PRACTICE 5: MUTUAL ACCOUNTABILITY IS STRENGTHENED

**Joint monitoring of process and results is based on one information and accountability platform; joint processes for mutual accountability on EDC are in place, such as Joint Annual Reviews or compact reviews.**

G5 | Indicator: Extent to which an inclusive mutual assessment of progress in implementing agreed health sector commitments exists. (Please see p25-26 in the Guidance Note.)

### Monitoring and review

1. Is there an M&E plan to monitor the implementation of the national health strategy/plan? If yes, please provide a copy.

2. Do DPs use the M&E framework of the health sector strategy/plan and sub-sector plans?

3. What opportunities exist to increase DP use of the M&E framework?

G5 | Indicator: Extent to which an inclusive mutual assessment of progress in implementing agreed health sector commitments exists.

What systems are in place to strengthen mutual accountability?

4. Does the M&E plan or process include mechanisms for strengthening mutual accountability?

5. Does the compact or national partnership agreement have measurable targets for all stakeholders, including for the government, DPs, CSO and private sector? If not, why not?

Government

DPs

CSO

Private Sector

Comments

6. Has a joint assessment of progress (e.g. JAR or MTR) towards targets been undertaken in the last two years? If not, why not?

7. Who has participated in these assessments and was their participation meaningful? (All DPs, some DPs, CSO, PS, Parliament, Others?)

8. Are there any other mechanisms (apart from JAR or MTR) in place to foster mutual accountability for effective development cooperation? If yes, which ones? If not, why not?

9. What opportunities exist to strengthen mutual accountability (both the mechanisms and better adherence to the commitments by all partners)?

## EDC PRACTICE 6: TECHNICAL SUPPORT IS COORDINATED AND SOUTH-SOUTH/TRIANGULAR COOPERATION SUPPORTS LEARNING

**Technical support is strategically planned and provided in a well-coordinated manner; opportunities for systematic learning between countries are developed and supported by agencies (south-south and triangular cooperation).**

G6 | Extent to which an agreed national TA plan exists, informed by the national health strategy, on which DPs are basing their support. (Please see p26 on the Guidance Note.)

### Technical Assistance

1. Do you have an agreed national TA plan? If yes, please provide a copy.
2. Does the plan consider increased capacity for the public sector, private health sector and civil society?
3. Are national institutions involved in the development of TORs for TA and the selection process?
4. Do TA report to government?
5. Are mechanisms in place to monitor the performance of TA?
6. To what extent are DPs basing their support on this national TA plan?
7. What opportunities exist to strengthen DP alignment and coordination of TA?

G6 | Extent to which the MOH is benefitting from SSC and/or TrC. (Please enquire about the area & type of health cooperation supported through SSC and TrC and with which countries.)

South-South Cooperation/Triangular Cooperation

8. What modalities and approaches are used under SSC and TrC for the health sector?

9. To what extent is the MoH benefitting from south-south and/or triangular cooperation? Please clarify.

10. What are the constraints to use more south-south collaboration as part of TA and capacity building?

11. What are the opportunities in using SSC and TrC for strengthening health sector cooperation?

## EDC PRACTICE 7: CIVIL SOCIETY ENGAGEMENT

**Civil society operates within an environment which maximizes its engagement in and contribution to health sector development.**

G7 | Indicator: Evidence that Civil Society operates within an environment that maximises its engagement. (These questions refer to the GPEDC indicator 2 on CSO, in particular Module 1 (Qg+1-Qg+33). Please see p27-28 in the Guidance Note.)

1. Are CSOs consulted by the government in the design, implementation and monitoring of national health sector policies? If YES: please describe how. If NO: are you aware of any initiative to promote such consultation?

G7 | Indicator: Evidence that Civil Society operates within an environment that maximises its engagement.

## 2. Do CSOs have the right to access government information?

2.1. To what extent does the Ministry of Health provide sufficient and timely information to CSOs to facilitate their constructive and coordinated input into health policy processes (e.g. notification of meetings; circulation of meeting documents, translated into national language)? Please clarify.

2.2. Are there feedback mechanisms demonstrating how different stakeholders' inputs have been taken into account? If yes, please explain which ones.

2.3. What, if anything, can be done to improve CSO inclusion in health policy partnership processes?

3. What type of resources does the government provide for CSOs to facilitate their participation in health policy processes (financial, training, technical assistance)?

Financial resources

Training

Technical assistance

Other - please specify (Comments)

## PRIVATE SECTOR ENGAGEMENT

G8 | Evidence that Private Sector operates within an environment that maximises its engagement. (Please see p28-29 in the Guidance Note.)

1. Are there health partnership processes or mechanisms in which private sector groups, unions, professional associations or other are invited to participate? Please provide details about which mechanisms, considering technical working groups, periodic stakeholder meetings, joint assessment of health strategies, joint annual health sector reviews, preparation of major funding proposals, preparation of health sector strategic plan, specific public-private partnership / forum, etc.

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G8 | Evidence that Private Sector operates within an environment that maximises its engagement.

2. Does the Ministry of Health provide sufficient and timely information to private sector organisations to facilitate their constructive and coordinated input into health policy processes? If not, please clarify.

3. Are there feedback mechanisms demonstrating how different stakeholders' inputs have been taken into account? If yes, please explain which ones.

4. What, if anything, can be done to improve private sector inclusion in health policy partnership processes and alignment to national health strategies?

5. Is information from the private sector captured in the national health information system and in the sector M&E framework?

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**Additional comments:**